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O-A

** CONTINUING DATA *****

O-A

** FOREIGN APPLICATIONS *****

O-A

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Allowance <i>Ofou Thure</i> Examiner's Signature Initials				

ADDRESS

40987

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TITLE

E-mail with voice / phone conference feature

FILING FEE RECEIVED 1256	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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